

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

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)	
)	
Petitioner)	
)	WCC No. _____
vs.)	
)	PETITION DISPUTING ICCU
)	DETERMINATION
)	(NON-WORKERS' COMPENSATION)
<u>INDEPENDENT CONTRACTOR CENTRAL UNIT</u>)	
Respondent.)	

1. On _____, I applied for an independent contractor exemption. A copy of my application is attached.

2. My request for the independent contractor exemption certificate was denied on _____. A copy of the denial is attached.

3. I am appealing the denial and request the Workers' Compensation Court to determine that I am an independent contractor entitled to an independent contractor exemption.

DATED this _____ day of _____, 2006.

Signature of Petitioner

Please print or type: Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____

Attach copies of Independent Contractor Exemption and denial letter